

GALLATIN COUNTY, MONTANA

APPLICATION FOR EMPLOYMENT

Instructions:

1. Complete this application by typing or printing in ink. An application tailored to the position is to your advantage.
2. If a question does not apply to you, write "N/A"
3. The Application form is reviewed separately from any other materials submitted and will be used to evaluate your qualifications for this position. Therefore, you must answer all questions rather than referring to your resume or other materials you may have submitted.
4. You may attach additional sheets, if necessary. If you do so, however, make reference to the item number you are addressing.
5. The County makes reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For the County to consider any such accommodation, the applicant must make known any needed accommodation.
6. **INCOMPLETE and/or UNSIGNED applications, including those that do not follow the instructions will NOT be considered.**

1. APPLICANT IDENTIFICATION:

Name (Last, first, middle initial): _____

Social Security Number: _____

Mailing Address: _____

City State Zip

Phone Numbers: _____
Home or Message Phone Work Phone E-mail address

2. EXACT TITLE OF POSITION APPLYING FOR: _____

3. Can you perform the essential functions of this position, with or without reasonable accommodation?

Yes No If no, please explain: _____

4. DRIVER'S LICENSE

Do you have a valid Driver's License? Yes No If Yes, State: _____

Commercial Driver's license? Yes No If Yes, specify: Type _____

Class: _____ Hazardous Material? Type _____ Airbrakes?

Other (specify): _____

5. EDUCATION:

Highest Grade Completed: _____

Did you receive a High School Diploma or Equivalent Certificate?

Yes _____

NAME AND COMPLETE MAILING ADDRESS OF SCHOOL AWARING DIPLOMA OR EQUIVALENCY CERTIFICATE

No _____

NAME AND LOCATION OF SCHOOL ATTENDED

NUMBER OF YEARS ATTENDED

Post High School Education	Vocational/Technical School Other	Undergraduate College/ University	Graduate Professional
School Name City and State			
Number of Years completed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Diploma/degree Received			
Course work and/or Relevant course work			

6. **OTHER TRAINING:** List other schools or training that will help you qualify for this position.

Training Site/Provider Name and location	Dates Attended (from/to)	Did you complete?	Course Title/ Description	Total hours

7. **LICENSES/REGISTRATION or CERTIFICATES (CPA, PE, etc.)**

Name and Complete address of Licensing agency	Type of License	Endorsement/Restriction (if applicable)	Date Licensed	Date Expires (if applicable)

8. **IF APPLYING FOR SKILLED CRAFT JOBS:** are you a recognized Journey level Worker? Yes

No If "yes" craft or trade _____ when received? _____

9. **RELEVANT SKILLS:** Please list all your skills relevant to this position:

- Skills with office machines (typewriter, 10 key, etc.) _____
- Skills with data entry equipment, personal computer (list programs): _____
- Other tools/equipment: _____

10. **REFERENCES:** List three (3) references that have knowledge of your ability to perform this job.

Full Name	City/State	Telephone Number

11. **AVAILABILITY:**

- Date you are available to start work:
- Will you accept: Full Time Part Time (less than 40 hours per week).
- Are you available to work all shifts? (Including nights, weekends, holidays and rotating shifts)

Yes No If "no", indicate below all days/times you are **NOT** able to work.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

12. **WORK EXPERIENCE. Instructions: Beginning with today:** 1) List every job held during the **past seven years**; 2) List each **promotion as a separate position** 3) Account for all **gaps in employment**. You should also include any other experience (e.g., military or volunteer work) that you have which is relevant to the position for which you are applying. If the space provided is not adequate, you may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. **This information must be completed even if a resume or other application materials are submitted.**
DO NOT ATTACH A RESUME IN LIEU of this form.

***NOTICE TO APPLICANTS:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

Do you want to be informed before we contact your present employer? Yes No.

Employer Name _____	Dates Employed: _____ To: _____
Mailing Address _____	Your Job Title: _____
City/State/Zip Code: _____	Your Supervisor: _____
Phone Number _____	Full time Part-time Volunteer
	Average Hours Per Week: _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):

Reason for Leaving: _____

Employer Name _____	Dates Employed: _____ To: _____
Mailing Address _____	Your Job Title: _____
City/State/Zip Code: _____	Your Supervisor: _____
Phone Number _____	Full time Part-time Volunteer
	Average Hours Per Week: _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):

Reason for Leaving: _____

Employer Name _____	Dates Employed: _____ To: _____
Mailing Address _____	Your Job Title: _____
City/State/Zip Code: _____	Your Supervisor: _____
Phone Number _____	Full time Part-time Volunteer
	Average Hours Per Week: _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):

Reason for Leaving: _____

Employer Name _____

Mailing Address _____

City/State/Zip Code: _____

Phone Number _____

Dates Employed: _____ To: _____

Your Job Title: _____

Your Supervisor: _____

Full time Part-time Volunteer

Average Hours Per Week: _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):

Reason for Leaving: _____

Employer Name _____

Mailing Address _____

City/State/Zip Code: _____

Phone Number _____

Dates Employed: _____ To: _____

Your Job Title: _____

Your Supervisor: _____

Full time Part-time Volunteer

Average Hours Per Week: _____

Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):

Reason for Leaving: _____

13. MILITARY - Do you have Military Experience? Yes No. If "Yes": Entry Date _____

Separation Date _____ Branch of Service _____ Rank at Separation _____

14. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH GALLATIN COUNTY? Yes No

If "Yes"; Date(s) applied _____

Position(s) applied for _____

15. IF RELATED TO ANYONE IN OUR EMPLOY, GIVE NAME, DEPARTMENT AND RELATIONSHIP (include in-laws): _____

16. LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT (including traffic violations)

(Do not include parking tickets) (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", give when, where and the disposition of each case:

APPLICANT CERTIFICATION

Incomplete or Unsigned applications WILL NOT be considered!

I hereby certify that all information on this application and all attached materials are true, correct, and complete to the best of my knowledge and contain no falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

I have attached the following additional materials (check all that apply):

Resume Application Supplement Transcripts Copy of current driver's license

DD-214 SRS Certification

Additional Work Experience Forms, Number of Pages: _____

Other (list) _____

Signature _____ Date Signed _____